***MALMESBURY PRIMARY CARE CENTRE TRAVEL SCHEDULE***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | | DOB: | | | | Phone Number: | | | |
| Address: | | | | | | | | | | |
| Travel itinerary | | | | | | | | | | |  |  |
| Date of departure | |  | | | | | | | | |
| Length of stay | |  | | | | | | | | |
| Destinations and any stopovers | |  | | | | | | | | |
| Type of travel – holiday, business etc | |  | | | | | | | | |
| Accommodation – hotel,  camping etc | |  | | | | | | | | |
| Please allow 48 hours for completion of this form and then ring 825825 for recommendations and to book your appointments or call in at reception. | | | | | | | | | | |
| PLEASE NOTE: Payment for vaccines must be made before starting any vaccination course. Payments can be made by cash, cheque or card (not American Express).  This form is to assist you in making a decision about travel vaccines for your trip. However it is your responsibility to make any appointments with the Practice Nurse and for completion of any vaccination course. Please inform nurse of any health conditions or if you are pregnant. | | | | | | | | | | |
| **Recommendations** | | | | | | | | | | |
| Vaccination | YES  recommended | | | NO | Up to date | Discuss | | | | Cost |
| Tetanus/diphtheria/polio |  | | |  |  |  | | | | No charge |
| Typhoid |  | | |  |  |  | | | | No charge |
| Hepatitis A |  | | |  |  |  | | | | No charge |
| Hepatitis B (course of 3 injections before travel) |  | | |  |  |  | | | | £35 per injection |
| Rabies (course of 3 injections) |  | | |  |  |  | | | | £60 per injection |
| Yellow fever and certificate |  | | |  |  |  | | | | £65 |
| Others |  | | |  |  |  | | | |  |
| Anti-malarials (some are available from pharmacy but certain drugs will require a private prescription) |  | | | | | | | | | £20 |
| Total Cost (payable prior to commencing vaccines) |  | | | | | | | | | |
| Recommended time to start vaccinations prior to travel |  | | | | | | | | | |
| Schedule planned by | Name: | | | | | | | Date: | | |
| Travel information, recommended vaccines and risk areas for Malaria and other travel advice can be found on <http://www.fitfortravel.nhs.uk/home.aspx> or <http://travelhealthpro.org.uk/> | | | | | | | | | | |
| **Authorisation for Patient Specific Direction (PSD)** | | | | | | | | | | |
| I authorise for our ‘at risk’ patients to receive the following vaccination and that this can be administered by the Practice Nurse who is suitably qualified to do so and is employed by this practice. All patients should have full risk assessment and the current information provided by Nathnac and “The Immunisation Against Infectious Disease” (Green Book Online) should be followed. | | | | | | | | | | |
| Name of vaccine | | Signature of prescriber | | | | | | | Date | |
| Rabies | |  | | | | | | |  | |
| Yellow Fever | |
| Japanese Encephalitis | |
| Cholera | |
| Tick-borne Encephalitis | |
| Typhoid | |
| Hepatitis B | |
| Hepatitis A | |
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